

Reproductive and Developmental Health Hazard Questionnaire*

National Aeronautics and
Space Administration



Name:	Date:	Phone:
E-mail:	Organization Code/Employer:	Department Supervisor:

A. Agents used at work – Attach separate page if needed

List materials you are currently using or anticipate that you might use during preconception period or pregnancy	Frequency and duration of use (once /day for two hrs, etc.)	Physical state (solid, liquid, gas)	Quantity used per use, in unit of time (e.g., 10 ml per wk)	Protective equipment (bench vs. fume hood, gloves, respirator, etc.)
Chemical Agents:				
Biologic Agents:				
Radiation or Noise:				

*Adapted from: *Reproductive Hazards of the Workplace*, Frazier, Linda & Hage, Marvin. 1998.

B. Do you have any specific health or safety concerns about your work? If so, describe:

C. Do you store or consume food or beverage in your workplace?

Yes ☐ No ☐

D. What type of personal protective equipment do you wear while working?

- | | |
|--|---|
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Respirator |
| <input type="checkbox"/> Lab Coat/Apron | <input type="checkbox"/> Hearing Protection |
| <input type="checkbox"/> Dust Mask | <input type="checkbox"/> Other (list) |
| <input type="checkbox"/> Eye/Face Protection | |

E. Have you had any spills or unintentional exposures recently? If yes, describe.

Yes ☐ No ☐

F. Laboratory Environment: (if applicable)

1. How much of your time do you spend doing: Bench Work _____% Office Work _____%
2. Are other people working in the same lab room as you? Yes ☐ No ☐
3. Does your good have enough room in it? Yes ☐ No ☐
4. Describe how chemicals are stored in your lab:

G. Describe the physical demands of your work:

Duration and Frequency		Description
Lifting		
Bending/Twisting		
Sitting		
Standing		